

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION**

DATE: June 13, 2011

TO: Service Area QIC Chairs, Co-Chairs, Liaisons

FROM: Martha Drinan, RN, MN, CNS  
District Chief

Josh Cornell, PsyD  
Clinical Psychologist II

SUBJECT: **TEST CALLS PROJECT, 2011**

Based on the recommendation from the of the Summary Report of Accessibility: Monitoring Test Calls to 24/7 Toll Free ACCESS Line (see attached) conducted in 2010, Service Area QICs will be involved in the 2011 Test Calls Project. The Test Calls Project is conducted in accordance with California Code of Regulations, Title 9, Section 1810.405 and the State Performance Contract.

From July 1, 2011 to August 31, 2011, each SA QIC will be responsible for completing 10 test calls, with 5 calls in English and 5 in a non-English language. Each Test Caller is to complete a Service Area Test Calls to ACCESS Line Form (see attached) for each call placed to the ACCESS Center. Instructions for completing Test Calls are attached (see Test Call Instructions, Test Call Guidelines, and Test Call Scenarios).

Once the 10 Test Calls are completed, please return all Service Area Test-Calls to ACCESS Line Forms (see attached) to Josh Cornell by October 10, 2011.

Please feel free to contact Josh Cornell by telephone at (213) 251-6570 or email at [jocornell@dmh.lacounty.gov](mailto:jocornell@dmh.lacounty.gov), should you have any questions or concerns. Thank you for your continued participation in the Test Calls Project implemented in collaboration with the ACCESS Center.

LAC-DMH PSB QUALITY IMPROVEMENT DIVISION (FY 2011-2012)

**SERVICE AREA TEST- CALLS TO ACCESS LINE FORM**

ACCESS PHONE (800) 854-7771

**Please Complete One Form per Test Call**

SERVICE AREA: \_\_\_\_\_

DATE: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Total Call Time: \_\_\_\_\_

NAME USED FOR TEST CALL: First: \_\_\_\_\_ Last: \_\_\_\_\_ and/or

NAME FOR WHOM YOU REQUESTED SERVICES: First: \_\_\_\_\_ Last: \_\_\_\_\_

TEST-CALLER'S REAL NAME: First: \_\_\_\_\_ Last: \_\_\_\_\_

LANGUAGE USED IN CALL: English Spanish Other Non-English Language (circle)

LANGUAGE USED BY CALLER, IF NOT ENGLISH or SPANISH: \_\_\_\_\_

1) How many minutes elapsed between initiating the call and a *live human being* answering? \_\_\_\_\_

2) Were interpreter services offered? Yes No

For Non-English calls, were you satisfied with interpreter services? Yes No

If no, explain any problems. \_\_\_\_\_

3) Did the employee offer his/her first name? Yes No  
(If name not offered, test caller must ask for the first name of the employee.)

First name of employee: \_\_\_\_\_

4) Did the employee ask for your name? Yes No

5) Reason for call or type of help requested: (circle)  
Counseling or therapy medication request information

6) Did employee inquire if the situation was an emergency or crisis? Yes No

7) Were you put on hold? Yes No If yes, how many minutes? \_\_\_\_\_

8) Were you given a referral for mental health services? Yes No

9) In general, were you satisfied with the knowledge and helpfulness of employee? Yes No

*Thank you for your participation. Please submit completed form to your SA QIC Chair*

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**THIS SECTION TO BE COMPLETED BY QI DIVISION:**

10) WAS CALL LOGGED BY ACCESS CENTER EMPLOYEES (name, date, and disposition)? Yes No

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**TEST CALL GUIDELINES**

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each MHP shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: "The MHP shall maintain a written log of the initial requests for specialty mental health services from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: "Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d)."

PURPOSE OF THE TEST CALLS

Calls to test the MHP's ACCESS Line (not clinic or other hotline numbers) in the following areas:

- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the Access Line staff
- Recording of the call on requests-for-service log
- Response capability in a non-English language

BASIC PRINCIPLES OF THE TEST CALLS

- A) **Do not call with an emergency or crisis scenario.** Please call with a routine request for specialty mental health services. If you state that this is an emergency or crisis call, the MHP may contact law enforcement or other emergency personnel.

- B) **Make the call an initial request for specialty mental health services.** Only requests for specialty mental health services and only initial requests for services must be logged by ACCESS.
- C) **Inquire about services for yourself or a family member.** Technically, only requests for mental health services for Medi-Cal beneficiaries must be logged, but most MHPs record requests from any family member, too. Please refuse all efforts by ACCESS Line employees to arrange an assessment appointment for you at the clinic site. Remember, do not make or accept an appointment as it will tie-up needed clinical services. Instead, you could obtain a phone number and inform the ACCESS Line employee that you have chosen to contact the clinic directly.
- D) **Keep the call short and succinct.** Do not unnecessarily tie-up the toll free line with a long call. Keep the line available to those who may need assistance.
- E) **If asked, deny that you are a Medi-Cal beneficiary.** Otherwise, you will be asked for your Medi-Cal #.
- F) **If asked, give a name that you feel comfortable providing to the MHP staff. You may use any name that you choose.** Write down the name given, so the call can be located in the MHP call log.
- G) **If asked, identify yourself as a resident of the county being tested.** Some MHPs may record non-resident calls differently or may not log non-resident calls. You can provide a local street address and phone number, or give general information such as a few cross-streets or landmarks. You may also state that you just moved to the area and/or that you prefer not to give your address.
- H) **Note the time and date of your call and, if known, the name of ACCESS Line employee.** Test calls should be made after-hours and on weekends, only. Write down the name you used and the time and date that the call was made. This is important in locating your call in the MHP log. If possible, note the name of the ACCESS Line employee. Having the employee's name is important in providing feedback regarding the call and your experience.
- I) **Complete calls after hours (Monday – Friday before 8:00 AM and after 5:00 PM), on weekends (Friday 5:00PM – Monday 7:59AM, and/or Holidays only (e.g. Monday July 4<sup>th</sup>, July 4th 8 am until July 5<sup>th</sup> 7:59 am).**
- J) **Do not identify yourself as a Test Caller.**

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**TEST CALL INSTRUCTIONS**

Plan to make Test Calls during the week in which your Service Area Test Calls are scheduled (See Service Area Test Call Schedule). Test Calls may be placed on weekends (Friday after 5:00PM – Monday before 8:00AM), holidays (e.g. Monday July 4<sup>th</sup>, July 4<sup>th</sup> 8 am until July 5<sup>th</sup> 7:59 am), and/or after hours (Monday – Friday before 8:00AM and after 5:00PM).

Before calling, please be aware that the ACCESS Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making a Test Call, decide what personal information you are willing to share and what fictional information you will be providing.

You will also be asked if you are a Medi-Cal recipient of services and you should respond that you are NOT. If you respond that you are a Medi-Cal recipient you will be asked for your Medi-Cal number.

IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A “SECRET SHOPPER.” Decide in advance how you want to respond to the following questions.

- Caller's name?
- Caller's social security number? (You are encouraged to make one up in advance of the call or just refuse to provide it.)
- Caller's date of birth?
- Caller's phone number?
- Caller's address?

DO NOT CALL WITH A CRISIS OR EMERGENCY SCENARIO. If you want scenario ideas, see the Test Call Scenarios document. You may follow the scenarios exactly or use them to help you in developing your own scenario. When applicable, inquire about the process for obtaining a list of the MHP's providers.

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**SERVICE AREA TEST CALL SCHEDULE**

In order to avoid overwhelming the ACCESS Center with calls, each Service Area is assigned a one-week period in which to complete Test Calls.

Test Call Schedule:

- Service Area 1, July 3– July 9, 2011
- Service Area 2, July 10 – July 16, 2011
- Service Area 3, July 17 – July 23, 2011
- Service Area 4, July 24 – July 30, 2011
- Service Area 5, July 31 – August 6, 2011
- Service Area 6, August 7 – August 13, 2011
- Service Area 7, August 14 – August 20, 2011
- Service Area 8, August 21 – August 27, 2011

Thank you for your participation.

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**TEST CALL SCENARIOS**

The following are scenarios you can use to make the test calls or use as ideas to develop your own script. Please note that the scenarios are not crisis or emergency situations and each is an initial request for mental health services.

Scenario # 1 Parent calling regarding their child who has signs of depression:

Hello, I'm calling to see if I can get help for my son. My son mainly stays in bed in his room for long periods of time and won't come out. He has not been talking much to anyone. He has lost weight and hasn't been eating much. His grades have gone down at school. I brought him to our family doctor and he told me to call for mental health services for my son. My son has not had mental health services before. I'm calling to ask you what I should do.

Scenario # 2 Grief after recent loss:

I'm calling to see if you can help me. I've had a recent loss of a loved one and have been crying a lot and unable to concentrate. I haven't been interested in going places or doing things. I've even lost weight. I went to my family doctor and he said that I'm depressed and could benefit from counseling. Do you know where I can get help?

Scenario # 3 Request for medication:

I just moved here about a month ago. I found your phone number in the phone book. I was seeing a psychiatrist until a month ago and was taking medication. I lost my medication during the move. I need to see a doctor about my medication. Can you help me?

Scenario # 4 Request for information:

I would like to talk to someone about the problems I'm having. I haven't had mental health services before. I thought I could handle the problems myself. I recently lost my job (or, recently got a divorce, etc) and I need to talk to someone because I'm getting very anxious, upset and can't sleep or concentrate. Could you give me information on where I could get services? Would I go to a clinic or could I go to a private psychiatrist? How could I get a list of private psychiatrists close to where I live so I could have information on what my choices are? (Or, how would I get a copy of a beneficiary booklet that would tell me how to obtain services?)